

classification of child and adolescent psychiatric disorders is a parallel but not identical effort to the DSM-IV currently in use in North America. Each system has something to teach the other. The continuing collaboration between the two evolving systems can only be of benefit. This book is not exactly a thriller to read, but for those interested in international collaboration in clarity of diagnostic categories, it is a very important sourcebook.

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**Social Skills Training for Schizophrenia: A Step-by-Step Guide.** Bellack AS, Mueser KT, Gingerich S, Agresta J. New York: The Guilford Press; 1997. 288 pp with index. ISBN 1-57230-177-5 (cloth). US\$30.

This book is a practical guide to the delivery of skill training to patients with schizophrenia. It is one in a series of treatment manuals for practitioners and, as such, will be immensely useful in teaching rehabilitation students and refreshing the skills of practising clinicians. As the title promises, it is a step-by-step guide whose method of teaching parallels the techniques recommended for teaching patients with schizophrenia: establishing a rationale, breaking the task into small steps, modelling, engaging, reinforcing, over-learning and generalizing. These are tried-and-true educational methods and can be applied, as the book suggests, to the teaching of any number of skills: social and vocational skills, medication management, safe sex, re-

lapse prevention, and drug and alcohol avoidance — all skills necessary for the survival of patients with schizophrenia. Navigating the complexities of the mental health, legal and financial-benefits systems, learning how to parent and volunteer — these are other essential skills that the book does not mention but which, by extension, can be taught through the same methods.

The authors are acknowledged experts in the field and have had years of experience in this area. One problem with the book is that it is dreary to read and leaves the impression that the method may also be dreary for patients to experience. The repetition becomes oppressive. Putting myself in the patient's shoes, I would not enjoy this form of constantly enthusiastic, encouraging, optimistic, repetitive role playing. I think I would be one of the early drop-outs. But individuals differ, and many people (the large majority who like group activities, camp songs, marches and bands) would probably be pleased to be included in these uplifting, persevering, unconditionally positive efforts.

A second problem with the book is that it does not provide any evidence that these efforts actually accomplish their ends. My own clinical experience over the years, with thousands of patients with schizophrenia who attended hundreds of skill-training groups, is that they are no more skilled in the long run than those who stayed at home and watched television. On the other hand, because the patients spent more time out of the house, their families have experienced definite relief, hope for improvement has

been consistently nurtured, and the patients have formed acquaintanceships and even friendships. On the whole, therefore, there is much to be said for social-skills training. One wonders, however, if there is not a large segment of the population with schizophrenia, loners by nature, who would not benefit more from the delivery of information through individualized programs via television or home computer, now that these technologies are available. Are we doing people with schizophrenia a favour by emphasizing social skills as the cornerstone of mental health? These skills do not come easily to this group of individuals. Would it not be preferable to place "official" value on the skills in which many people with schizophrenia are innately expert: the lonely but potentially rewarding pursuits of art, music, literature and fantasy?

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**Clinical Assessment of Malingering and Deception, 2nd edition.** Rogers R, editor. New York: The Guilford Press; 1997. 525 pp with index. ISBN 1-57230-173-2 (cloth). \$US46.95.

Malingering is somewhat of a taboo subject in clinical psychiatry and medicine. Physicians are so steeped, by history and training, in the trust and good faith that accompany the physician-patient relationship that the very idea that a patient could deliberately and maliciously mislead a doctor in a clinical setting is anathema to many physicians.

The physician's mindset is that the patient comes for help "in good faith"; an attitude of suspicion regarding motives is not likely to engender trust and promote rapport.

Human nature being what it is, however, it is clear, on *a priori* grounds alone, that not all who come into the office of a physician have pure and honest motives. Physicians are poorly prepared, by training and temperament, to spot such dissimulation. According to the authors of this book, this problem is becoming more prevalent, and we do our patients, our profession and our society little good by prolonging our ignorance. Our naïveté was used by the antipsychiatry movement some years ago, by individuals who achieved notoriety by simulating psychiatric disorder to gain admission in a psychiatric hospital in order to condemn publicly the conditions therein.

This is the second and much expanded edition of a book first published in 1988. In his introduction, the editor estimates that the prevalence of dissimulation is approximately 15% in forensic psychiatry settings and 7% in nonforensic clinical settings. It is particularly likely to occur when the clinical setting is under outside, third-party control, rather than patient control. The author puts forward an "adaptational model" to explain why malingering occurs. This model posits that malingering is more likely in an adversarial (e.g., forensic) setting, when the stakes are high, when no other alternatives appear viable and when the aim is to cope with and if possible avoid a potentially destructive and conflictual situation. The author regards malingering

and defensiveness as polar opposites: the malingerer creates or exaggerates symptoms, whereas the defensive individual denies or minimizes symptoms.

The rest of the book is divided into 4 parts. Section I contains the meat of the book and deals with diagnostic issues, including factitious disorder, malingered psychosis, the relationship of malingered to personality disorders and sociopathy, simulated amnesia and pseudomemory phenomena, misreporting of substance abuse, and post-traumatic disorder and deception in children.

Malingered psychoses (including delusions and hallucinations) are difficult to identify. Although they are not common, they should be considered in any patient with an atypical psychotic presentation, particularly when the phenomena seem bizarre and inappropriate. Concerning management, "the suspected malingerer should be given every opportunity to save face. Once feigning is denied, a malingerer may have difficulty admitting it later." The identification of feigned psychosis is clearly an important clinical problem with many legal and other implications.

The chapter on simulated amnesia and pseudomemory includes a fascinating review of recovered memories and false-memory phenomena. Numerous studies have supported the conclusion that "confidence in a memory correlates only weakly with its fidelity." Children who have witnessed nonsexual traumatic events, such as the assault or murder of their parents, all develop psychiatric symptoms, and none fail to recall the event, although they often engage in avoidance be-

haviour. Furthermore, durable, permanent memories of childhood events are not formed before the age of 3 or 4 years, when the development of the hippocampus is complete. The author concludes by emphasizing the importance of following well-established principles that govern the establishment, elaboration and reconstruction of all memories and that help to disengage the recovered memory/false memory debate from the tabloids and place it on a firm scientific foundation.

The chapter on malingering in post-traumatic disorders also provides a fine review of a controversial subject. The incidence of malingered psychological symptoms after injury is unknown, but estimates vary from 1% to 50%. The reluctance of psychiatrists to suspect malingering is exemplified by the case of a man who was presumably mute for 2 years after a head injury. Eleven psychiatric reports failed to mention the possibility of malingering; however, a skeptical neurologist observed the man speaking normally after an office visit. Recovery after settlement of litigation is often given as a justification for malingering, but recovery is likely not as common as was once thought. A minority of patients with post-traumatic somatoform pain disorder also have a post-traumatic stress disorder, and this may help to explain the pathogenesis of the pain. In complex cases, it is helpful to obtain corroborative information regarding patient behaviour in nonclinical settings, or even to admit the patient to hospital for observation and assessment. Previous history of sporadic employment, extensive absences from work and pre-

vious incapacitating injuries may also be helpful in supporting a hypothesis of malingering.

Section II reviews the use of psychometric assessment, including the MMPI-2, the Rorschach test and neuropsychological tests. Of these, the MMPI-2 appears to have the most value in identifying malingering and defensiveness. Section III deals with specialized methods of investigating patients suspected of malingering. These include chapters on interviews assisted by drugs (particularly amylodibarbonate sodium), polygraphy, hypnosis, structured interviews (including particularly the SADS and the SIRS), detection of dissimulation in sex offenders and the use of self-report instruments.

Section IV includes a useful summary of the field and techniques that may be used to confront a patient suspected of dissimulation. The author emphasizes the importance of being judicious in such a confrontation, the goal of which is to "clarify areas of ambiguity and offer insight into possible motivation." The author also gives examples of the wording of questions that may be used when confronting a patient suspected of defensiveness or malingering.

The editor is a forensic psychologist who has published extensively in this field; he is also the author of 6 of the 19 chapters in this book. The remaining chapters have been authored by North American psychologists and psy-

chiatrists. Each chapter follows a consistent format, and there is little repetition and overlap. Post-traumatic stress disorder, amnesia and recovered memories are of intense topical interest in Western society and are very well reviewed in this book, which will stimulate interest in a field largely neglected by psychiatrists. The bibliography is extensive and up-to-date. This book can be highly recommended to clinicians, particularly those with an interest in psychiatry and the law and those involved in the management of patients with disability and post-traumatic disorders.

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## Books received Livres reçus

*ADHD and The Nature of Self-Control.* Barkley RA. New York: The Guilford Press; 1997. 410 pp with index. ISBN 1-57230-250-X (cloth).

*The American Psychiatric Press Textbook of Neuropsychiatry.* Yudofsky SC, Hales RE, editors. Washington (DC): American Psychiatric Press; 1997. 1114 pp with index. ISBN 0-88048-787-9 (cloth).

*Assessment and Diagnosis of Personality Disorders: The ICD-10 International Personality Disorder Examination (IPDE).* Loranger AW, Janca A, Sartorius N, editors. New York: Cambridge University Press; 1997. 226 pp with index. ISBN 0-521-58043-9 (cloth).

*A Clinician's Guide to Menopause.* Stewart DE, Erlick Robinson G, editors. Washington (DC): American Psychiatric Press; 1997. 243 pp with index. ISBN 0-88048-754-2 (cloth).

*Concise Guide to Geriatric Psychiatry,* 2nd Edition. Spar JE, La Rue A. Washington (DC): American Psychiatric Press; 1997. 326 pp with index. ISBN 0-88048-796-8 (paper).

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*Dysthymia and The Spectrum of Chronic Depressions.* Akiskal HS, Cassano GB, editors. New York: The Guilford Press; 1997. 228 pp with index. ISBN 1-57230-089-2 (cloth).

*The Essential Guide to Group Practice in Mental Health: Clinical, Legal, and Financial Fundamentals.* Budman SH, Steenbarger BN. New York: The Guilford Press; 1997. 318 pp with index. ISBN 1-57230-254-2.

*The Insider's Guide to Mental Health Resources Online.* Grohol JM. New York: The Guilford Press; 1997. 326 pp with index. ISBN 1-57230-262-3 (cloth).

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*The Millon Inventories: Clinical and Personality Assessment.* Millon T, editor. New York: The Guilford Press; 1997. 553 pp with index. ISBN 1-57230-184-8 (cloth).

*Psychoanalysis & Cognitive Science: A Multiple Code Theory.* Bucci W. New York: The Guilford Press; 1997. 362 pp with index. ISBN 1-57230-213-5 (cloth).

*Psychotropic Drug Handbook,* 7th Edition. Perry PJ, Alexander B, Liskow BI. Washington (DC): American Psychiatric Press; 1997. 740 pp with index. ISBN 0-88048-851-4 (paper).

*Study Guide to The American Psychiatric Press Textbook of Neuropsychiatry.* Berman J, Hales RE, Yudofsky SC. Washington (DC): American Psychiatric Press; 1997. 245 pp. ISBN 0-88048-804-2 (paper).